

# S'COOL Report Form

Login ID: \_\_\_\_\_

City: \_\_\_\_\_

Date (ex. 2001 09 20): Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

Satellite: \_\_\_\_\_

Local Time (24 Hour Clock: ex. 14 26): Hour \_\_\_\_ Minute \_\_\_\_

Universal Time: Hour \_\_\_\_ Minute \_\_\_\_

**Cloud Observations:** (Select the most prevalent cloud type at each level where clouds exist. Cloud Cover and Visual Opacity must be determined for each level observed. Use the comment section for further descriptions.)

☐ **Clear Sky - No clouds observed** (skip to the "Surface Cover" section)

☐ **Clouds Present** - (continue to level(s) observed – don't forget to count contrails if present)

## High Level

 **Number of Persistent Contrails Present** \_\_\_\_\_  **Number of Short-Lived Contrails Present** \_\_\_\_\_

### Cloud Type:

- ☐ Cirrus
- ☐ Cirrocumulus
- ☐ Cirrostratus

### Cloud Cover:

- ☐ Clear (0-5%)
- ☐ Partly Cloudy (5% - 50%)
- ☐ Mostly Cloudy (50% - 95%)
- ☐ Overcast (95% - 100%)

### Visual Opacity:

- ☐ Opaque
- ☐ Translucent
- ☐ Transparent

## Mid Level

### Cloud Type:

- ☐ Altostratus
- ☐ Altocumulus

### Cloud Cover:

- ☐ Clear (0-5%)
- ☐ Partly Cloudy (5% - 50%)
- ☐ Mostly Cloudy (50% - 95%)
- ☐ Overcast (95% - 100%)

### Visual Opacity:

- ☐ Opaque
- ☐ Translucent
- ☐ Transparent

## Low Level

### Cloud Type:

- ☐ Fog
- ☐ Nimbostratus
- ☐ Cumulonimbus
- ☐ Stratus
- ☐ Cumulus
- ☐ Stratocumulus

### Cloud Cover:

- ☐ Clear (0-5%)
- ☐ Partly Cloudy (5% - 50%)
- ☐ Mostly Cloudy (50% - 95%)
- ☐ Overcast (95% - 100%)

### Visual Opacity:

- ☐ Opaque
- ☐ Translucent
- ☐ Transparent

## Ground Observations:

### Surface Cover: (Mandatory)

- | Yes                      | No                       |                 |
|--------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Snow/Ice        |
| <input type="checkbox"/> | <input type="checkbox"/> | Standing Water  |
| <input type="checkbox"/> | <input type="checkbox"/> | Muddy           |
| <input type="checkbox"/> | <input type="checkbox"/> | Dry Ground      |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaves on Trees |

### Surface Measurements: (Optional – you may submit any or all)

#### Temperature:

\_\_\_\_\_ Celsius or  
\_\_\_\_\_ Fahrenheit

#### Barometric Pressure: (Select one)

\_\_\_\_\_ hPa      \_\_\_\_\_ psi  
\_\_\_\_\_ mb      \_\_\_\_\_ inches Hg  
\_\_\_\_\_ atm      \_\_\_\_\_ torr (mm Hg)

Relative Humidity: \_\_\_\_\_ %

Comments: